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±.130. 1.101		Attorney Docket No.	200210U				
UTILITY PATENT APPLICATION		First Inventor	David Hanso	evid Hanson			
TRANSMITTAL		Title	Illuminated Id	lentificatio n	System		
(Only for n	new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	ELP4	7945	419 US		
See MPEP o	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Pate Commissione P.O. Box 1450 Alexandria VA				
(Submit 2.	act of the Disclosure ng(s) (35 U.S.C. 113) [Total Sheets4]	b. Specifica i. CD ii. Pa c. Stateme ACCOMPAN 9. Assignment 10. 37 CFR 3.73 (when there 11. English Tran 12. Information Statement (I) 13. Preliminary 14. Return Rece (Should be s 15. Certified Co (if foreign pr 16. Nonpublicati (b)(2)(B)(i). or its equiva	gram (Appendion Amino Acid Seccessary) In Readable Formation Sequence of Part Sequence of Papers (Papers (Pap	entity of about In Carlon sheet & document (if application) and (if application) with the control of the carlon of	ve copies PARTS Jument(s)) Dower of ttorney Pable) Dipies of IDS Ditations C. 122 PTO/SB/35		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:							
Continuation Divisional Continuation-in-part (CIP) of prior application No.:							
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
19. CORRESPONDENCE ADDRESS							
Customer Number: OR Correspondence address below							
Name	Kathleen K. Bowen Co. LPA						
Address	311 Hillbrook Dr						
City	Cuyahoga Falls	State OH		Zip Code	44223		
Country	Cuyanoga rans	Telephone 330-945-6931		Fax	330-945-4401		

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type)

Signature

Kathleen K, Bower

Registration No. (Attorney/Agent) | 42,352

Date

10/28/2003



PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
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CEE TO A NO	CRAITTAI	Compl te if Known				
FEE TRANS	DIVITIAL	Application Number				
for FY	2002	Filing Date	10/28/2003			
Effective 01/01/2003. Patent fees are s		First Named Inventor	David Hanson			
······································	-	Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				
TAL AMOUNT OF PAYMENT	(\$) 501.00		20024011	_		

Attorney Docket No. 2002 100							
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)							
Check Credit card Money Other None			3. ADDITIONAL FEES				
Deposit Account:	Large	Entity	Small	Entity	,		
Deposit Account.	Fee		Fee	Fee	Fee Description	Con Dald	
Account	1051	(\$) 130	Code 2051		Surcharge - late filing fee or oath	Fee Paid	
Number Deposit	1052	50	2052		Surcharge - late provisional filing fee or		
Account	1032	50	2032	23	cover sheet		
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	\vdash	
Charge fee(s) indicated below Credit any overpayments	1812 1804	2,520 920*	1812	-	For filing a request for ex parte reexamination		
Charge any additional fee(s) during the pendency of this application			1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee			1805	1,840*	Requesting publication of SIR after		
to the above-identified deposit account.	4054	440	0054		Examiner action		
FEE CALCULATION	1251	110	2251		Extension for reply within first month		
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month		
Large Entity Small Entity Fee Fee Fee Fee Pescription Fee Paid	1253	930	2253		Extension for reply within third month		
Code (\$) Code (\$)	1	1,450	2254	725	Extension for reply within fourth month	 	
1001 750 2001 375 Utility filing fee 375	1255	1,970	2255	985	Extension for reply within fifth month		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal		
1003 520 2003 260 Plant filing fee	1402	320	2402		Filing a brief in support of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for oral hearing	 	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	<u> </u>	
SUBTOTAL (1) (\$) 375	1452	110	2452	55	Petition to revive - unavoidable		
——————————————————————————————————————		1,300	2453	650	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2501	650	Utility issue fee (or reissue)		
Extra Claims below Fee Paid Total Claims 34 -20** = 14 x 9 = 126	1502	470	2502	235	Design issue fee		
	1503	630	2503	315	Plant issue fee		
Independent 3 - 3** = X = X	1460	130	1460	130	Petitions to the Commissioner		
· ·	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$) Code (\$)	8021	40	802 ⁻	1 40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be		
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	275	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)		
ı i	1801		1802	375 900	• • • • • • • • • • • • • • • • • • • •		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1002	900	1002	500	of a design application		
SUBTOTAL (2) (\$) 126			Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Red	uced by	Basic I	Filing F	ee Paid SUBTOTAL (3) (\$)		

SUBMITTED BY	***	(Complete	(Complete (if applicable)		
Name (Print/Type)	Kathleen K. Bowen	Registration No. (Attorney/Agent) 42,352	Telephone	330-945-6931	
Signature	ak Rewen		Date	10/28/2003	

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